



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200005

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COLUMBIAN ASSO. OF WHITMAN INC.

DOING BUSINESS AS K.OF C. CARDINAL SPELLMAN COUNCIL #347

ADDRESS 1195 BEDFORD ST.

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: TOOMEY,
RICHARD

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY, LOUNGE, RECREATION ROOM, KITCHEN AND TWO STORAGE ROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200006

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WHITMAN POST #697 BUILDING ASSOCIATION INC.

DOING BUSINESS AS WHITMAN V.F.W.

ADDRESS 95 ESSEX ST.

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: RRAINEY,RICHAR TYPE OF LICENSE: Club
S ALLEN

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2 STORY BLDG. FIRST FLOOR KITCHEN, LOUNGE, MEETING ROOM AND STORAGE ROOMS. SECOND FLOOR: KITCHEN, TWO BARS, MAIN HALL, STORAGE AND REST ROOMS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200007

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AMERICAN LEGION POST #22

DOING BUSINESS A

ADDRESS MEMORIAL FLD.LEG.PKY

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: Quimby, Ralph C

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CONSISTS OF ONE STORY BLDG. W/THREE ROOMS AND BAR.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200008

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: O'TOOLE'S PUB, INC.

DOING BUSINESS AS

ADDRESS 24 RAYNOR AVE.

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: O'TOOLE,
THOMAS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE FLOOR W/CELLAR FOR STORAGE, DINING ROOM, KITCHEN, STORAGE ROOM,
OFFICE ON FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200009

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CHIROS' BEER PARLOR INC.

DOING BUSINESS AS VENUS CAFE

ADDRESS 47 SOUTH AVE.

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: DROSOS, JOHN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY W/FOUR ROOMS, CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200010

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JACKIE'S CAFE, INC.

DOING BUSINESS AS THE OFFICE

ADDRESS 121 SOUTH AVE.

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: COAKLEY, KEVIN TYPE OF LICENSE: Restaurant
M.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, BAR AND DINING ROOM W/STORAGE ROOM IN REAR ALL ON THE
FIRST FLOOR. CELLAR FOR STORAGE.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200014

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: HAV-FAM INC.

DOING BUSINESS AS WHITMAN LIQUORS

ADDRESS 682 BEDFORD ST

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: HAVEY, GARY R. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

1 STORY BLDG. STORAGE IN REAR.

I hereby certify and swear under penalties of perjury that:

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TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200015

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: 3T CORPORATION

DOING BUSINESS AS KELLY MARKET

ADDRESS 535 PLYMOUTH ST

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: TRAN, THANH
THANH

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RETAIL CONVENIENCE STORE WITH BEER, WINE. 2500 SF RETAIL SPACE. 500 SF
STORAGE SPACE; SECOND FLOOR; OFFICE, REAR LOADING DOCK

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200017

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: REGAL MARKETPLACE, INC.

DOING BUSINESS A REGAL MARKETPLACE, INC.

ADDRESS 401 SOUTH AVE

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: VEMIS, JOHN G.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOOR BLDG. SALES ON FIRSTFLOOR, AND STORAGE ON SECOND FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

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(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200018

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: TEMPLE LIQUORS,INC

DOING BUSINESS A TEMPLE LIQUORS,INC

ADDRESS 42 TEMPLE STREET

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: HARKINS, SHAWN TYPE OF LICENSE: Package Store
K

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. W/FRONT AND REAR STORAGE ROOM., DELIVERY IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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(If disapproved explain)

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200019

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: D & B MCG, INC.

DOING BUSINESS A LITTLE COMFORT GENERAL STORE

ADDRESS 50 WASHINGTON STREET

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: MCGOUGH,
DAVID R.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG. W/FRONT STORE AND REAR STORAGE ROOM W/DELIVERY IN REAR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200023

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: G & E MANAGEMENT CORPORATION

DOING BUSINESS AS TED'S PLACE

ADDRESS 642 WASHINGTON STREET

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: GAVRIELIDIS,
ELEFTHERIOS

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG, 2600 SF; 75 SEATS, TWO BATHROOMS, KITCHEN, STORAGE,
DISHWASHING AREA, MAIN ENTRANCE AND EXIT. TWO ADDITIONAL EMERGENCY
EXITS WITH DELIVERY IN REAR

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200024

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MARCELLO'S ENTERPRISES, INC.

DOING BUSINESS AS MARCELLO'S

ADDRESS 733 BEDFORD STREET

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: LENOCI, JOHN L. TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY CONCRETE BLOCK BLDG. WITH A FLOOR AREA OF 2,700 SQ. FT. W/SEATING CAPACITY OF 80.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY:

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DATE:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200026

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SUNRICH, INC.

DOING BUSINESS A 7-ELEVEN

ADDRESS 359 BEDFORD ST.

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: SHAH,
BALLUBHAI M

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY BLDG; FRONT DOOR TO 230 SQ FT. RETAIL AREA; REAR EXIT TO BACK RM FOR STORAGE; 2 CASH REGISTERS AT COUNTER INSIDE RIGHT FRONT; 3 AISLES W/ REFRIGERATED CASE AND 3 DOOR COOLER.

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200027

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JAMIE'S OF WHITMAN INC.

DOING BUSINESS AS JAMIE'S GRILLE & PUB

ADDRESS 769 BEDFORD STREET

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: COONEY,
DEBORAH F.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BLDG. W/ BASEMENT; RESTAURANT AND BAR ONLY ON FIRST FLOOR;
OFFICE SPACE UPSTAIRS AND BASEMENT; FIVE EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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Individual, Partner or Authorized Corporate Officer

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200029

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: McGUIGGAN'S LLC

DOING BUSINESS AS McGUIGGAN'S LLC

ADDRESS 546 WASHINGTON STREET

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: ROSEN, KATHRYN TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY BUILDING IN WHITMAN CENTER; THE FIRST FLOOR MEASURES 2800 SQUARE FEET AND WILL BE CONVERTED TO AN IRISH PUB, WITH ENTRANCE ON THE LEGION PARKWAY SIDE OF THE BUILDING AND EXIT ON WASHINGTON STREET

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐
(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200030

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CARANDY CORPORATION

DOING BUSINESS AS ANDY'S SEAFOOD & MOORE

ADDRESS 555-57 BEDFORD ST

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: FREDETTE,
DANIEL

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY RESTAURANT, 2000 SQ. FT. WITH THREE OUTSIDE ENTRANCES, EXITS, ONE
ADDITIONAL ENTRANCE/EXITS ONE ADDITIONAL ENTRANCE/EXIT FROM THE KITCHEN
WITH RESTAURANT, KITCHEN AND SERVING AREA ON THE FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200032

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: STEPHEN VENTOLA

DOING BUSINESS AS C.J.'S MARKET & DELI

ADDRESS 7 MARBLE STREET

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: VENTOLA,
STEPHEN

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

2213 SQ FT WITH A FRONT DOOR FOR PUBLIC ENTRANCE INTO A RETAIL AREA
CONSISTING OF A WALK-IN COOLER AGAINST THE BACK WALL; A DISPLAY & WINE
DISPLAYS TO THE LEFT; CHECKOUT & DELI CASE AT FRONT; AND AN OFFICE AND
STORAGE ROOM WITH ACCESS TO AN EMERGENCY EXIT TO THE RIGHT

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 146200033

CITY OR TOWN WHITMAN

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THAI ALL SEASONS INC.

DOING BUSINESS AS

ADDRESS 11 SOUTH AVENUE

CITY/TOWN: WHITMAN

STATE: MA

ZIP CODE: 02382

MANAGER: KOU, SESEY

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY RESTAURANT, 2300 SQ FT WITH 2 OUTSIDE ENTRANCES, EXITS..ONE
ADDITIONAL EXIT FROM THE KITCHEN; WITH RESTAURANT, KITCHEN AND SERVING
AREA ON THE FIRST FLOOR

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE: